



FAX TRANSMITTAL FORM Admission

To: Division of Medicaid
Bureau of Mental Health Programs
Division of Special Mental Health Initiatives
Bonlitha Windham, Division Director
Phone: (601) 359-6114
Secure Fax: (601) 359-6294

From: MYPAC Provider

Youth Villages

Contact Name

Shannon Reddy

Telephone

601-271-7574

Admission

Youth Name	L. S.
Medicaid ID Number	
DOB	
Gender	
Race	
County	
Current Residency	
Diagnosis	
Legal Custody	Biological Aunt
Admission Date	5/5/10
Referral Source	Hayley Jackson -- Millcreek
DHS Custody (Yes/No)	No
Diversion or Transition	Diversion
Provider Office Location	McComb/Hattiesburg

EXHIBIT

"1"

05/27/2010 THU 8:30 FAX 12283549701 YOUTH VILLAGES-BILOXI

005/042



DIVISION OF MEDICAID
BUREAU OF MENTAL HEALTH PROGRAMS

MYPAC FREEDOM OF CHOICE
SELECTION FORM
DOM Fax: (601) 359-6294



L. _____ S.
Participant Name

_____ MID

Section 1902(a) (23) of the Social Security Act says that all Medicaid beneficiaries have the right to freedom of choice of providers for Medicaid covered services. As a Medicaid beneficiary, you also have the right to choose how you will get services. You can choose to get these services in one of two ways: psychiatric residential treatment facilities (PRTF) or in the MYPAC community-based program. The MYPAC program is a demonstration program. If you choose MYPAC, you must take part in a National Evaluation (Study). The Study is to find out if youth can get mental health services in their homes and communities instead of going to a PRTF and keep up or make better their level of functioning. The Study will also find out if MYPAC is cost-effective.

Check the box next to the type of service you want. If you do not want MYPAC services, please check that box.

- ☐ Psychiatric Residential Treatment Facility (PRTF)
- ☒ MYPAC Community-based Demonstration Program with Participation in the Study
- ☐ Do not want MYPAC services

If you chose MYPAC, please look at the following list of MYPAC Primary Service Coordinators who will offer Mississippi Division of Medicaid MYPAC waiver services.

Check the box next to the Primary Services Coordinator that you want. If you do not have a choice, please check the box next to "No Choice". A Primary Service Coordinator will be picked for you.

- ☐ Mississippi Children's Home Society
- ☒ Youth Villages
- ☐ No Choice

I agree to this screening process. I have had program choices explained to me. I have made my choice by marking a check in the correct boxes above. I understand that the Medicaid program has clinical and financial eligibility requirements that are not a part of this screening. I give the okay to the agency or the attending doctor to give DOM the information needed to meet the federal requirements to look at and/or help me in getting services.

S. _____ D.
SIGNATURE

3-22-2010
DATE

S. _____ D.
PRINTED NAME



DIVISION OF MEDICAID
BUREAU OF MENTAL HEALTH PROGRAMS

MYPAC FREEDOM OF CHOICE
SELECTION FORM
DOM Fax: (601) 359-6294



L Participant Name P. MID

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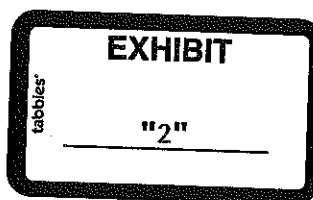
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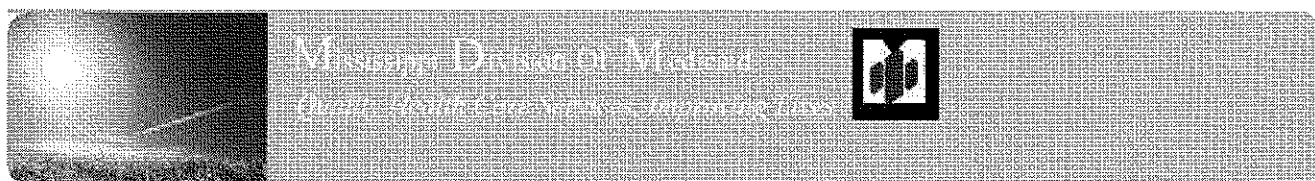
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T. P.
SIGNATURE
T. P.
PRINTED NAME

3-4-09
DATE





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Bonlitha Windham, Division Director
Division of Special Mental Health Initiatives

Mississippi Youth Programs Around the Clock (MYPAC)
An Alternative to Psychiatric Residential Treatment Facilities

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What is MYPAC?

Mississippi Youth Programs Around the Clock (MYPAC) is a home and community-based Medicaid waiver program. MYPAC provides an array of services for Mississippi youth with Serious Emotional Disturbance (SED). It is a program that provides alternate services to traditional Psychiatric Residential Treatment Facilities (PRTF). [Approved 1915\(c\) Waiver \(full content\)](#)

What are the advantages of MYPAC over traditional psychiatric residential treatment facilities?

Many Mississippi families are reluctant to seek help for their youth because they do not want them to spend weeks or even months in a psychiatric residential treatment facility. With MYPAC they can receive the services they need without having to leave their home, family or school. Also, with MYPAC, parents and/or guardians are much more involved with the planning and implementation of the services provided for their child.

What services will MYPAC provide?

The services provided by MYPAC include Intensive Case Management, Wraparound Services, and Respite Services. An Individualized Service Plan will be developed by each participant, parent/guardian and the MYPAC provider which will be used to identify and address participants' and their families' individual needs. Providers will be expected to be available to participants and their families around the clock.

Who is eligible?

Youth may be eligible for the MYPAC program if: *They meet the clinical criteria for PRTF admission. *They are under age 21. *They meet the financial criteria for Medicaid.

Family Support Specialists will be an integral part of MYPAC.

Soon after a youth has been determined to be eligible, the youth and family will be contacted by a Family Support Specialist (FSS). An FSS is someone who will act as their personal advisor to help answer any questions they might have about MYPAC. The FSS will remain in contact with them for the entire time they are enrolled in MYPAC. The FSS is not a healthcare professional or a licensed counselor but is someone who has experience as a parent/guardian of a child with Serious Emotional Disturbance (SED).

MYPAC participants have Freedom of Choice

Participants have the right to choose between the MYPAC program and the traditional services of a psychiatric residential treatment facility. They will also be able to choose the MYPAC provider that is best for their needs. The two statewide providers of MYPAC services are [Mississippi Children's Home Services](#) and [Youth Villages](#).

I'm interested in MYPAC. What do I do now?

If you are interested in finding out more about MYPAC services, contact the Division of Medicaid, Bureau of Mental Health Programs, Division of Special Mental Health Initiatives, at 601-359-9536. MYPAC staff can also be contacted at the toll-free number provided below: 1-800-421-2408

[Learn more about MYPAC by connecting to this PowerPoint presentation.](#)

Information about the development, implementation, services, screening and admission process, expected outcomes, and frequently asked questions.

Anyone can make a referral to MYPAC

The [MYPAC Initial Screening Form](#) may be completed by anyone and faxed to DOM/MYPAC for review on the secure fax line provided on the form. It is used to help determine if a youth meets basic criteria and appropriateness for the MYPAC program. The [MYPAC Freedom of Choice Form](#) is signed by the parent/guardian and ensures that the family has made an informed choice about type of service, selection of provider and participation in the national study.





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telephone: 601-359-6050 or toll free: 1-800-421-2408**